



MISSOURI DEPARTMENT OF REVENUE
DIVISION OF TAXATION AND COLLECTION
PO BOX 811, JEFFERSON CITY, MO 65105-0811
SCHEDULE A — CIGARETTE RECEIPTS

FORM
266
(REV. 11-2004)

WHOLESALER
MONTH OF _____, 20____
PAGE _____ OF _____

INSTRUCTIONS: LIST ALL SHIPMENTS RECEIVED DURING THE CALENDAR MONTH.

If you have questions or need assistance in completing this form, please call (573) 751-7163 (TDD 1-800-735-2966) or e-mail excise@dor.mo.gov.
You may also access this form from the Department's web site: www.dor.mo.gov/tax/business/tobacco/forms/.

CHECK THE TYPE OF PACKS YOU WILL REPORT ON THIS SCHEDULE — ONE TYPE ON A SCHEDULE.

☐ **TWENTY PACKS**

☐ **TWENTY-FIVE PACKS**

DATE RECEIVED	INVOICE NUMBER	NUMBER OF PACKAGES						*SPECIFY FROM WHOM PURCHASED
		BROWN AND WILLIAMSON	LIGGETT AND MYERS	P. LORILLARD	PHILIP MORRIS	R.J. REYNOLDS	OTHERS*	
1. SUBTOTAL — CIGARETTES PURCHASED (THIS PAGE)								TOTAL (THIS PAGE)
2. TOTAL CIGARETTES PURCHASED (ALL PAGES)								TOTAL (ALL PAGES)
PROMOTIONAL CIGARETTES RECEIVED FROM MANUFACTURERS								
3. SUBTOTAL—PROMOTIONAL CIGARETTES RECEIVED (THIS PAGE)								TOTAL (THIS PAGE)
4. TOTAL—PROMOTIONAL CIGARETTES RECEIVED (ALL PAGES)								TOTAL (ALL PAGES)